

## Westinghouse Savannah River Company



## Supplier Information Form

## For Procurement Purposes Only

Buyer: \_\_\_\_\_

Extension: \_\_\_\_\_ WSRC PO No.: \_\_\_\_\_

WSRC Supplier Code: \_\_\_\_\_

Please check one of the following: ☐ New ☐ Reopen ☐ Update

It is requested that you complete and sign this form. If some questions are not applicable to your company, please enter NA (Not Applicable). The information below will be used to add and/or update our Procurement Cycle System data on current and/or prospective suppliers. We appreciate your prompt response.

## General Information

Supplier Name: \_\_\_\_\_

Purchase Order Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payment Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Toll Free: \_\_\_\_\_ Fax: \_\_\_\_\_

## Business Status Information

Federal Identification Number: \_\_\_\_\_

Is your business: (Please answer Yes or No to each)

Incorporated: ☐ Yes ☐ NoA Small Business: ☐ Yes ☐ NoMinority-Owned: ☐ Yes ☐ NoWoman-Owned: ☐ Yes ☐ NoHandicapped-Owned: ☐ Yes ☐ NoForeign-Owned: ☐ Yes ☐ No8(a) Certified : (1) ☐ Yes ☐ NoSmall Disadvantaged Business: (2) ☐ Yes ☐ No

A Subsidiary/Division of: \_\_\_\_\_

Is your company classified as one of the following:

☐ Educational Institution ☐ Federal Government☐ Non-Profit ☐ State/Local Government

Type of Business: (Please check one)

☐ Manufacturer ☐ Service ☐ Research and Development☐ Distributor ☐ Construction ☐ Manufacturer's Representative

Number of Employees: \_\_\_\_\_

Annual Sales Volume: \_\_\_\_\_

Can your company provide products under GSA/FSS pricing schedules?

☐ Yes ☐ No

(1) If 8(a) Certified, please provide Expiration Date and provide a copy of SBA letter of 8(a) certification: \_\_\_\_\_

(2) If SDB Certified, please provide Certification Start Date and provide a copy of SBA letter of SDB certification: \_\_\_\_\_

Payment Terms: \_\_\_\_\_ FOB Terms: ☐ Destination ☐ Shipping Point

List Product(s)/Service(s) your company provides: (See attached Comodity Code Listing)

I hereby certify that the information provided on this form is accurate and complete.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Return To:  
 WSRC, Procurement and Materials Management Department  
 730-4B, Aiken, SC 29808 FAX Number: (803) 952-8469 (Pause Key) 6110